



CITY OF DURHAM SMALL DISADVANTAGED BUSINESS ENTERPRISE QUESTIONNAIRE

(EQUAL BUSINESS OPPORTUNITY
ORDINANCE)

Section 26.6 EBO PROGRAM ELIGIBILITY



Equal Opportunity/ Equity Assurance Department

Mailing Address:
101 City Hall Plaza
Durham, North Carolina 27701

Street Address:
211 Rigsbee Avenue
Durham, North Carolina 27701

Phone: 919-560-4180
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GOOD THINGS ARE HAPPENING IN DURHAM

POLICY STATEMENT

It is the policy of the City to provide equal opportunities for City contracting for small firms owned by socially and economically disadvantaged persons doing business in the City's Contracting Marketplace. It is further the policy of the City to prohibit discrimination against any firm in pursuit of these opportunities, to conduct its contracting activities so as to prevent such discrimination, to correct the present effects of past discrimination and to resolve complaints of discrimination.

GOALS

The Equal Opportunity/Equity Assurance Director shall establish project specific goals for each project or contract based upon the availability of small disadvantaged business enterprises (SDBE's) within the defined scope of work, delineated into percentages of the total value of the work.

APPEAL OF CERTIFICATION DENIAL

Any business denied certification should, upon written request, be granted reconsideration of the application by the City Manager.

The applicant desiring reconsideration must, within seven working days of receipt of the City's decision, present to the City Manager a written statement of its position.

The following information is submitted to determine certification status as a Small Disadvantaged Business Enterprise:

Name of Firm _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Mailing Address _____
(If different from above)

City _____ State _____ Zip Code _____ County _____

Telephone Number () _____ Fax Number () _____

Cellular Number () _____ Pager Number () _____

Email Address _____

Contact Person _____ Title _____

Indicate whether the applicant business is:

_____ Sole Proprietorship _____ Corporation

_____ Partnership _____ Other (specify) _____

1) CERTIFICATION WITH THE CITY OF DURHAM

a. In what area are you seeking certification?

() Professional Services () Construction () Supplier/Vendor

() Non-Professional

b. List services or commodities for which the firm would like to be certified to provide:

2) BUSINESS STATUS

- a. How was the business started or acquired? (**Attach additional sheet/s if necessary**) _____

- b. Give date and year business was established by current owner _____
Date Incorporated/Partnership/Other Business Entity Formed _____
- c. Are you authorized to do business in North Carolina as well as locally?
Yes () No () (**Attach copy(ies) of business licenses**)
- d. Type of North Carolina Contractor's License and Limitation or Professional License:
(**Attach copy(ies) of license or certificate**)

- c. Maximum Current Bonding Level/Liability Insurance Level: (If applicable,
Rounded to nearest dollar) \$ _____
- f. Has business operated under a previous name? Yes () No ()
(**List any former names and addresses**)
Name _____ Address _____
City _____ State _____ Zip Code _____ County _____
- g. Has your firm been certified by SBA? Yes () No ()
(**If yes, attach a copy of the SBA Certification**)
- h. Has your firm or any officers of your firm been certified as a Disadvantaged,
Minority, and/or Woman Business Enterprise? Yes () No ()
If you are an Out-Of-State business, have you been certified a Disadvantaged,
Minority and/or Women Business Enterprise in your home state? Yes () No ()
(**If yes, attach copy(ies) of certification letters**)
- i. Has your firm been denied certification as a Disadvantaged, Minority, and/or
Woman Business Enterprise(s)? Yes () No ()
(**If yes, please attach copy(ies) of denial letters**)

- j. Estimate the percentage of your business allocated to the following (*Total must equal 100%*)

Professional Services	%	
Construction	%	
Non-Professional Services	%	
Supplier/vendor	%	
Wholesale Distributor	% Storage Facility	(Total Sq. Ft.)
Retail Distributor	% Storage Facility	(Total Sq. Ft.)
Manufacturer	% Manufacturing Facility	(Total Sq. Ft.)

OWNERSHIP

- 3) a. Please provide the following ownership information:

<i>Name of Shareholder</i>	<i>Race/Gender</i>	<i>Average Annual Income</i>	<i>Percentage of Ownership</i>	<i>Position Within the Firm</i>	<i>Voting Percentage</i>
	() ()				

- b. List contribution/s of each owner/s:

<i>Name</i>	<i>Money</i>	<i>Equipment</i>

- c. List officers and directors of the firm:

<i>Name</i>	<i>Title</i>	<i>Race/Gender</i>	<i>Years with Firm</i>
		() ()	

- d. Describe and attach a copy of any stock options or other ownership options that are outstanding not any agreements between owners and third parties which restrict ownership or control of the minority or woman owners. **(If applicable)**
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- e. Control of Firm: Identify by name and title those individuals (including owners and non-owners) who are responsible for day-to-day management and policy/decision making, including, but not limited to, those with prime responsibility for:

	Name	Title
Financial Decisions		
Management Decisions		
Estimating/Negotiating Contracts		
Marketing & Sales		
Hiring & Firing of Management		
Personnel		
Purchase of Major Items or Supplies		
Supervision of Field Operations		

- f. For each person listed above, please provide:

a) Brief summary of the person's experience (indicating the person's qualifications for the responsibility given him/her.

b) Number of years with the firm; and salary
(*Attach list and explain*)

- g. Submit copies of ***Federal Tax Returns*** for the last three years.
(*Documents are kept confidential. If new business, submit financial statement*)

- h. For Corporation/Partnership: Submit copies of the Articles of Incorporation/Partnership Agreement, By-Laws, and Stock Registration documents and Shareholders' Agreements. Include Minutes of the first and last meetings of the Board of Directors.

PROJECTS

4) List Projects/Jobs currently underway or recently completed:

Project/Job	Contact Person	Telephone Number

a. Number of permanent employees _____

b. Employer I.D. No. (IRS 941 or SSN) _____

5) Business References:

Please submit two letters of reference from persons who are familiar with the services offered by your firm and can attest to the performance of the firm.

CITY OF DURHAM

PERSONAL NET WORTH STATEMENT

Complete This Form For Each Economically Disadvantaged Applicant/Owner

(Married individuals must submit a separate form for their spouse. Please attach copy of most recent federal income tax statement.)

Name: _____ Business Phone: () _____
Residence Address _____ Residence Phone: () _____
City, State & Zip Code: _____
Business Name of Applicant: _____

ASSETS	Amount	Check If Joint Assets	LIABILITIES	Amount
Cash on hand & in banks	\$		Accounts Payable	\$
Savings Accounts	\$		Notes Payable To Banks/Others	\$
IRA/Other Retirement Account	\$		Installment Account (Auto)	\$
Personal & Notes Receivable	\$		Installment Account & Credit Cards	\$
Life Insurance (Cash Surrender Value)	\$		Loan On Life Insurance	\$
Stocks & Bonds (Current Market Value)	\$		Mortgage On Primary Residence	\$
Real Estate (Other Than Primary Residence)	\$		Mortgage On Other Properties	\$
Automobiles (Present Value)	\$		Unpaid Taxes	\$
Personal Property	\$		Other Liabilities (Describe On Separate Sheet)	\$
Other Assets (Describe On Separate Sheet)	\$			
Ownership In Other Businesses	\$			
Total Assets (add lines above)	\$		NET WORTH (Total Assets Minus Total Liabilities)	\$

CITY OF DURHAM

DECLARATION OF SOCIAL DISADVANTAGE

Complete This Form For Each Socially Disadvantaged Applicant/Owner

Name: _____	Business Phone: () _____
Residence Address _____	Residence Phone: () _____
City, State & Zip Code: _____	
Business Name of Applicant: _____	

DETERMINATION OF SOCIAL DISADVANTAGE

To be considered socially disadvantaged by the City of Durham, the applicant business owner must be an individual who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his or her identity as a member of a group and without regard to individual qualities. The social disadvantage must be a result of circumstances beyond the individual's control. The socially disadvantaged individual must be a citizen (or lawfully admitted permanent resident) of the United States who is Black/African American (which includes persons having origins in any of the Black racial groups of Africa), female or an individual found on a case-by-case basis to have been subjected to racial or ethnic prejudice or cultural bias within American society because of his or her identity as a member of a group without regard to individual qualities.

PLEASE NOTE THAT APPROPRIATE SUPPORTING DOCUMENTATION CAN BE SUBMITTED OR REQUIRED.

I do hereby certify that I have read and understand the above statement. I further certify that I am a member of the group noted below and have experienced social disadvantage based on discrimination as a member of that group (mark all that apply).

_____ Black/African American

_____ Woman

_____ Other Individual Subjected To Racial/Ethnic Prejudice Or Cultural Bias
(Please Explain On Separate Sheet)

Hispanic/Latino _____ American Indian _____ Asian American _____

Physical/Mental Disability _____ Other _____

SIGNATURE _____ **DATE** _____

***FAILURE TO RESPOND TO ANY QUESTION/S OR REQUEST FOR DOCUMENTS MAY
RESULT IN THE DENIAL OF YOUR FIRM'S CERTIFICATION***

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material necessary to identify and explain the operations of _____ as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City, current, complete and accurate information regarding actual work performed on the project, the payment for, and any proposed changes, if any, of the foregoing arrangements. Any material misrepresentation will be grounds for terminating any contract which may be awarded, and for initiating action under Federal or State laws concerning false statements.

Name _____ ***Title*** _____

Signature _____ ***Title*** _____

(Principal Owner or Chief Executive Officer)

CORPORATE SEAL (required for a Corporation)

Firm's Name _____

I, _____ Notary Public, appointed in the

State of _____, County of _____ do hereby certify that

Name and Title of Officer

To be the person whose name is subscribed to the foregoing affidavit, appeared before me this day in person, and acknowledged that he/she signed the above affidavit as his/her free and voluntary act. Sworn and subscribed before me this _____ day of _____, 20_____

By _____ whose signature appears below.

Signature _____

NOTARY PUBLIC

My commission expires: _____

(Notary Seal Required)

PLEASE CHECK YOUR QUESTIONNAIRE!

Thank you for your interest in the City of Durham's Equal Business Opportunity Program. To avoid delay in your certification as a Small Disadvantaged Business Enterprise, please check your questionnaire and supporting document to be sure that all required information is included:

- () Resume for each of the owners listing specific experience related to the proposed business activity; detailed description of the duties and responsibilities of each of the owners in the day-to-day operation, management and control of the firm.
- () Copy of business license(s) or certificate(s).
- () Other certifications (current home state certification if yours is an out-of-state firm).
- () Stock Certificates (front and back).
- () Proof of payment on behalf of the owners for the firm's shares.
- () Declaration of Social Disadvantage.
- () Personal Net Worth Statement.
- () A list of each owner's salary.
- () Articles of Incorporation, Partnership Agreement, Bylaws and minutes of the first and last meetings of the Board of Directors.
- () List of major items of equipment owned and/or leased by the firm.
- () License(s) (contractor, business privilege, professional certification. License must be held by the SDBE owner who owns and controls the firm)
- () Shareholder Agreement(s).
- () Copies of Federal Tax Returns for most recent three year period. (If new business, Financial Statement . Information will be kept confidential).